Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 02/12/2016 HAL051002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 474 JERRY ROAD AUTUMN HOME CARE OF JOHNSTON COUNT SELMA, NC 27576 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments This is a Report of a Biennial Construction Survey conducted by Greg Cates and Billy Bryant on February 12, 2016. Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about August 1, 1984 for Twelve (12) Beds. Based on the above information, the facility is required to meet the 1984 Minimum Standards and Regulations for Homes for the Aged: the applicable portions of the 2005 North Carolina Rules for Adult Care Homes of Seven or More Beds; and the 1978 North Carolina State Building Code, Revision 10. C 101 C 101 Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction. change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Based on observations, the facility has failed to

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER DEPRESEN VE'S SIGNATURE

TITLE

(X8) DATE

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 02/12/2016 HAL051002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 474 JERRY ROAD AUTUMN HOME CARE OF JOHNSTON COUNT SELMA, NC 27576 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 101 C 101 Continued From page 1 REMOVED PLYWOOD ensure that the walls of the corridor have a Class WAINSCOTING FROM A finish rating. This deficiency may affect all persons in the evacuation of the facility during an P CORPUPOR WALLS, emergency. FINISHED AND Findings include: PAINTED SHEETPECK. a- The corridor has a plywood wainscoting. C 164 C 164 Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building and furnishings clean and in SHAMPOOFID CAPPET AND REPLACED CARPET SQUARES good repair. Findings include: a- The carpet in the Living Room appears to be stained. C 166 C 166 Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and

Division of Health Service Regulation

STATE FORM

6899

If continuation sheet 2 of 5



9M5721

11 STRATOR 3/11/2016

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 02/12/2016 HAL051002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 474 JERRY ROAD AUTUMN HOME CARE OF JOHNSTON COUNT SELMA, NC 27576 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 166 C 166 Continued From page 2 orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observations, the facility has failed to maintain the building free of hazards by storing equipment in the hallways near the EXITS. This could affect all persons who may need to evacuate the facility during an emergency. Findings include: a- A standby generator is being stored in the corridor approximately 6 feet from the EXIT door. C 189 C 189 Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin.

Division of Health Service Regulation

STATE FORM

6899

9M5721

If continuation sheet 3 of 5

00 Wate 3/11/2016

PRINTED: 03/02/2016 FORM APPROVED

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 02/12/2016 HAL051002 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 474 JERRY ROAD AUTUMN HOME CARE OF JOHNSTON COUNT SELMA, NC 27576 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 C 189 Continued From page 3 Findings include: a- There is a large crack in the ceiling along a drywall joint at the attic access. Based on observations, the facility has failed to maintain the fire safety systems safe and operating. This deficiency may affect residents during a power outage REPLACED WITH NEW LED EMERGENCY Findings include: a- The emergency light across from the Resident Bath does not operate on battery power. LIGHT C 195 C 195 Hot Water System SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (d) The hot water system shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, laundry, housekeeping closets and soil utility room. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to

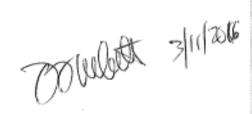
Division of Health Service Regulation

STATE FORM

6809

9M5721

If continuation sheet 4 of 5



Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING 02/12/2016 HAL051002 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 474 JERRY ROAD AUTUMN HOME CARE OF JOHNSTON COUNT SELMA, NC 27576 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 195 Continued From page 4 C 195 ensure that the water temperature is being maintained between 100 and 116 degrees Fahrenheit. This affects all residents by not providing hot water. REPLACED WITH NEW 80 GALLON Findings include: a- The water temperature in the bathing and shower rooms registered at 94 degrees Fahrenheit. HOT WATER HEATER, copy of BILL ATTACHED FOR \$2,396.00 PAID MY STAFF AND I WILL CONTINUALLY MONITOR ALL AREAS FOR PROFIENS AND MAKE corrections

Division of Health Service Regulation

STATE FORM

6899

9M5721

If continuation sheet 5 of 5

00 lulit zinparo

WARREN'S PLUMBING

PO BOX 227 MICRO, NC 27555 (919) 965-4600 CHARLES F. WARREN II (CHUCK)

Customer Order No	's			Data	Q	70-	76	
Order No Name	1			Dale -6	De			
Address		<i>سنيار</i> <u>چاليکت</u>	P	10 D.	~~	1		
THE PERSON NAMED IN			.		Phor			
SOLO UY	DASH	0.0.0.	CHARGE	ON ACCT.	MOSE: RE	TO: PAID	QUIT .	. '
QUAN.		10	9 G H 1 P T I	ON		PRICE	n Mo	unt
								, , , , , , , , , , , , , , , , , , ,
7	-1	_	Tail (2				
		-				100		
		VA		rilia			·	
		0.5		Dr.	1		146	-
					7	-	700000	
				124	(2) <u> </u>		20	
					-	-	39.7	00
			Antonia, and described and			-0	71.6	-
			*******					-
								
-								-
								
WALKIAIR	i Georgiani	двај ваове м	O S TO DE VOCES	PARALESTA	SECTION S	TAX		
		Received By				TOTAL	239%	00
,		- Parties and the		i []		1	hank t	ow.
			,	Fb	d	59/L	00	